

# Pet Health Update



Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Name of Owner/Foster Parent (please circle one):  
\_\_\_\_\_

Please take a few moments to complete the following questionnaire so that we may have current information regarding the health of your pet prior to surgery.

1. How long have you had this pet at your home? \_\_\_\_\_
2. Has your pet received any vaccinations other than those received at the Shelter?  
☐ No      ☐ Yes  
If so, which ones? \_\_\_\_\_
3. Has your pet been to a veterinarian for an exam or treatment?      ☐ No      ☐ Yes  
If yes, were any problems detected or treatment initiated/continued? ☐ No      ☐ Yes  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. When did your pet last eat? \_\_\_\_\_
5. Is your pet currently experiencing any of the following problems and, if so, for how long?

Sneezing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Nasal discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Diarrhea	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Vomiting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Decreased appetite	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Lethargy/listlessness	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
6. Is there anything else regarding your pet that we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

